

Volunteer Application

Mission Statement			
Our mission is to empower as many individuals as possible in Southwest Dallas County to make healthy life choices consistent with the sanctity of human life and biblical values. We do this by providing limited medical services, adoption services, education and support services.			
General			
Name		Date	
Address			
City/State		Zip	
Phone		E-mail	
Check One	<input type="checkbox"/> I check my e-mail often <input type="checkbox"/> I do NOT check my e-mail often		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired		
Spouse's Name			
How does your spouse and/or family feel about this kind of work?			
Names/Ages of Children			
Languages spoken (other than English)			
We ask for a one year commitment of service, are you comfortable with this commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have extenuating circumstances that may prevent you from volunteering for a year or more, what are they?			
Volunteer / Professional Experience			
Previous volunteer experience:			
How many hours per week can you realistically and reliably volunteer right now:			
Professional, volunteer or special skills you can offer (computer skills, second language, etc):			
Have you previously worked or volunteered at a pregnancy help center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and at what center?			
How were you introduced to Sound Options Pregnancy Services?			

Christian Faith and Practices

Church you attend

I attend

Weekly Monthly Occasionally Never

Do you understand and agree with Sound Options Pregnancy Services Statement of Faith and Commitment of Care and Competence?? Yes No Not sure

Please reference any portions you do not agree with:

Why do you want to join the ministry of Sound Options Pregnancy Services?

Sound Options Pregnancy Services is a non-denominational Christian ministry; we look to Christ for guidance and strength. He is the power which enables us and works through us to serve our clients.

Have you trusted Jesus Christ as Lord and Savior? Yes No When?

Please briefly describe your relationship with Jesus Christ:

How do you look for His guidance in your life?

(i.e. attending church, Bible study, Sunday school class, prayer group or regular personal quiet/prayer time)

Personal

Have you ever counseled a woman experiencing an unplanned pregnancy? Yes No

Please comment on that experience:

Have you personally experienced an unplanned pregnancy? Yes No

Please comment on that experience:

What are your views on abortion? Any exceptions?	
Have you personally experienced a termination of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you been through a post-abortion healing class? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, would you be willing to attend one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
Are you now living a lifestyle of sexual integrity, abstinence if single or faithful within marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you feel about sexual activity outside the commitment of marriage?	
Do you have any experiences with adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please comment on these experiences:	
What are your views on adoption?	
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

References

Please provide three personal references (persons whom you are not related to). One of these should be your pastor or a small group leader with whom you are regularly involved.

Name	Address	Phone	Email	Relationship/length

Availability

Please see the Volunteer Opportunities and mark the boxes that apply

Client Contact		Non-Client Contact	
<input type="checkbox"/>	Pregnancy Test Nurse (RNs or LVNs)	<input type="checkbox"/>	Church Liaison
<input type="checkbox"/>	Ultrasound Nurse (RNs)	<input type="checkbox"/>	Baby Boutique Helper
<input type="checkbox"/>	Client Advocate	<input type="checkbox"/>	Prayer Partner
<input type="checkbox"/>	Class Instructor	<input type="checkbox"/>	Fund Raising Committee
<input type="checkbox"/>	Administrative Helper	<input type="checkbox"/>	Special Events Helper

Please select your availability (check all that apply)

- Monday 10am - 1pm Monday 1pm - 4pm
 Tuesday 10am - 1pm Tuesday 1pm - 4pm
 Wednesday 10am - 1pm Wednesday 1pm - 4pm
 Thursday 10am - 1pm Thursday 1pm - 4pm Thursday 5pm - 8pm
 Friday 10am - 1pm

RNs, LVNs and RDMSs

Is your Texas license current? Yes No Nursing or RDMS license number:

Do you have a current CPR certification? Yes No

Last TB test: _____ Have you had a Hepatitis B series? Yes No

What is your nursing or RDMS background? (Use back if necessary)
